

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>08/10/00</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>3/15/00</i>
FORMALITY REVIEW		<i>71090</i>	<i>4/10/00</i>
RESPONSE FORMALITY REVIEW	<i>SUR</i>	<i>67718</i>	<i>8/25/00</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/12/02
2	✓	✓	6/14/03
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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31	✓	✓	
32	✓	✓	
33	✓	✓	
34	✓	✓	
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38	✓	✓	
39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	10/13/02
52	✓	✓	6/14/03
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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